



## MOREHEAD CITY PARKS & RECREATION

# Summer Day Camp Registration

Name of Child: \_\_\_\_\_  
Last First Middle Name Preference

Address: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Level Completed (as of 6/8): \_\_\_\_\_

### **INFORMATION ABOUT THE FAMILY:**

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

If the child is not living in the home of the parents, please list the guardian or responsible adult:

Guardian/Adult: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

In addition to the parents/guardians, please list the names of persons the child may be released to:

### **INFORMATION ABOUT YOUR CHILD:**

Does your child have any known allergies (such as dust, medication, plants, animals, food, etc.)?

If yes, please list (be specific) \_\_\_\_\_

Please give any information concerning your child that will be helpful in creating a positive experience in group living (i.e. eating, playing, and sleeping habits; special fears, likes, and dislikes)

### **EMERGENCY CARE INFORMATION:**

Child's Physician: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

If neither parents nor guardians can be contacted, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I agree that the camp staff operator may authorize the physician of his/her choice to provide emergency care in the event that neither the physician nor I can be contacted immediately.

Date

Signature of Parent



## Summer Day Camp Registration Field Trip Waiver Form

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical Insurance Company Name: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Person to notify in case of an emergency: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Waiver of Claims and Release from Liability and Indemnity Agreement**

I do hereby release Morehead City and the Morehead City Parks & Recreation Department, their staff, elected and appointed officials, sponsors, and representatives from any and all liability, and for any claims, demands, or causes of action arising out of or by reason of the above trip/activity for which I have registered.

I further state and affirm that I am aware of the fact that the aforesaid trip/activity, even under the safest conditions possible, may be hazardous, that I assume the risk of any and all loss of damage to property and/or bodily injury, including death, however caused, resulting from, arising out of, or in any way connecting with the aforementioned trip/activity.

I am of legal age and competent to sign this Waiver of Claims and Release from Liability and Indemnity Agreement.

I have read and understand all of the provisions herein. I have had time and opportunity to read and understand this Waiver of Claims and Release from Liability and Indemnity Agreement and to consult anyone of my choice.

I, the above named candidate, also agree to save harmless Morehead City and the Morehead City Parks & Recreation Department and any of their agents or representatives from and against any and all claims and liability and causes of action at law for loss, damage, or injury (including death) to persons and/or property arising or occurring as a result of participating in the aforementioned trip/activity.

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Signature of Parent or Guardian

Date